



# APPLICATION FOR FIRST TIME VEHICLE REGISTRATION REGISTERING UNDER SOLDIERS' AND SAILORS' CIVIL RELIEF ACT

MOTOR VEHICLE DIVISION  
DEPARTMENT OF REVENUE & TAXATION  
GOVERNMENT OF GUAM



**Applicant (s) Please read carefully:** Print or write all entries except signature. Signature (s) must be in ink. Members of the Armed Forces (active duty) applying for initial registration **must apply in person** and exhibit their military identification card, their off-island vehicle registration card and a Guam vehicle inspection checklist. The checklist must indicate that your vehicle passed the safety inspection. Spouse and dependents with a power-of-attorney are not entitled to the benefits enumerated under Title 50 U.S.C. 511, Section 574 of the Soldiers' and Sailors' Civil Relief Act of 1940.

**SOCIAL SECURITY IS REQUIRED:** The furnishing of your Social Security Number is required pursuant to Section 3101, Title 16, Guam Code Annotated and Section 405 (c) (1) (C), Title 42, United States Code. We need this information for the purpose of administering the Vehicle Code of Guam.

## OWNER INFORMATION

OWNER	Social Security Number/EIN	Name (Last, First, Middle Initial)	Relationship [ ] and [ ] or	Date of Birth
	Social Security Number/EIN	Name (Last, First, Middle Initial)		Date of Birth
Mailing Address			Residence Address	
Citizenship (check one) <input type="checkbox"/> U.S.A. <input type="checkbox"/> Chuuk <input type="checkbox"/> Yap <input type="checkbox"/> Kosrae <input type="checkbox"/> Pohnpei <input type="checkbox"/> Marshall Islands <input type="checkbox"/> Belau <input type="checkbox"/> Others				
<b>LIENHOLDER (Legal Holder)</b>				
Name of Legal Owner / Financing Inst.			Address of Legal Owner	
Assigned to (Branch of Service & Guam Duty Station)			Previous Assignment (Address of Duty Station)	
Resident of (State)			Vehicle Presently Registered in :	

## VEHICLE INFORMATION

License Plate Number		Year	Make	Model	Body Type	Color
Cyl	Weight	Capacity	Fuel	Vehicle Identification Number		Engine No.

Under penalties of perjury, I (We) certify that I am a member of the Armed Forces on Guam by reason of my military assignment and therefore legally entitled to exemption from Guam License and Registration Fees under the Soldier' and Sailors' Civil Relief Act and that all the informations contained in this application to the best of my knowledge and belief, are true, correct and complete.

Signature of owner      Date Signed      Telephone No.

## FOR OFFICIAL USE ONLY

Remarks: _____ _____ _____ _____ _____	Insp #:	Reg Exp:
	License Plate No.	Tag No.
	Military Identification No.:	Expires:
	Branch of Service:	
	Permit Pending:	Permit Expires: